03048 93472

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3063

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Item 3, FilmG180 4-15-55 et

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 6 hrs 32 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 19 bay St.

3. NAME OF DECEASED: (First) Ralph (Middle) Abry. (Last) (Abry)

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Separated.	Dec 9, 1879	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crawford, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Leo Abry

14. MOTHER'S MAIDEN NAME: Clara Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Helene A. Speer (Sister) Easton, Md. R.D. 1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Hypostatic infection	4 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Carcinoma of the kidney	(?)

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29 1955, to 3/30 1955, that I last saw the deceased alive on 3/29 1955, and that death occurred at 6 47 M, from the causes and on the date stated above.

SIGNATURE Wm Lee Harrison M. D. ADDRESS Easton, Maryland DATE SIGNED 1 Apr. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/55	Spring Hill	Easton, Md

DATE REC'D BY LOCAL REGISTRAR 3/31/55

REGISTRAR'S SIGNATURE N. A. Meiers

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03049

3064

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 Dover st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 605 Dover

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday 102 yrs.
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeff Bailey
14. MOTHER'S MAIDEN NAME: Harriett Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ray Bailey Easton, md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage.	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerosis General.	5 years.
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1955 to 3/23, 1955 that I last saw the deceased alive on 3/23, 1955, and that death occurred at 8A M, from the causes and on the date stated above.

SIGNATURE Frank G Mason M. D. ADDRESS 184 Dover St Easton DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3/26/55
NAME OF CEMETERY OR CREMATORY Chapel Cem.
LOCATION (City, town, or county) (State) Easton Md R.D

DATE REC'D BY LOCAL REGISTRAR 3/26/55
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR James A Dodrill
ADDRESS Easton Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03050

3982

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Near Galesville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Galesville
STREET ADDRESS (If rural give location) R 1

3. NAME OF DECEASED: (First) Emma (Middle) (Last) Berry

4. DATE OF DEATH: (Month) Mar 11th (Day) (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 12th 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hillsboro.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Young

14. MOTHER'S MAIDEN NAME: Louisa Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: M. C. Watson. Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1941, to 3/11 1955, that I last saw the deceased alive on 3/8 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Ann Cederer (Degree or title) M.D. ADDRESS Easton DATE SIGNED 3/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF Mar. 14th 55. NAME OF CEMETERY OR CREMATORY Sandtown LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/12/55 REGISTRAR'S SIGNATURE N. A. Neeres Jr

24. FUNERAL DIRECTOR Virgil Moore & Sons ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03051

3065

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 210 Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Dale X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Emary (Middle) (Last) Blackwell

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1955

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 17, 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Blackwell

14. MOTHER'S MAIDEN NAME: Annie Mowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-12-5579 212-32-7723

17. INFORMANT & ADDRESS: Pauline Blackwell - wife - Royal Dale

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.1
IMMEDIATE CAUSE (A) Lymphosarcoma of stomach
ANTECEDENT CAUSE (S) DUE TO (B) Leukemia
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Pulmonary infarct

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE Edward C. H. Schmidt M. D. ADDRESS Easton DATE SIGNED 6 March 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 3/10/55 NAME OF CEMETERY OR CREMATORY Richards LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 3/7/55 REGISTRAR'S SIGNATURE M. H. Nevins 24. FUNERAL DIRECTOR John D. Williams ADDRESS - Easton

3383

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03053

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X RURAL - CORDOVA
LENGTH OF STAY (in this place): 21 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - CORDOVA X
STREET ADDRESS (If rural, give location): R.F.D. 1

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) LUCINDA (Last) CHEEZUM

4. DATE OF DEATH: (Month) MARCH (Day) 16 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 12-1907

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: EDWARD SCOTT

14. MOTHER'S MAIDEN NAME: EMILY SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO — NONE

16. SOCIAL SECURITY NO.: 220-09-1634

17. INFORMANT AND ADDRESS: LEWIS W. CHEEZUM, CORDOVA, R.D. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary artery Thrombosis — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 19[illegible], to 3/16, 19[illegible], that I last saw the deceased alive on 3/16, 19[illegible], and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: Queen Anne Md DATE SIGNED: 3/18/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: MAR. 19 '55 | NAME OF CEMETERY OR CREMATORY: GREENMOUNT CEMETERY | LOCATION (City, town, or county) (State): HILLSBORO, MD.

DATE REC'D BY LOCAL REG.: 3/19/55 | REGISTRAR'S SIGNATURE: N.H. Reeves | 24. FUNERAL DIRECTOR: W. Frampton Carroll ADDRESS: EASTON, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03054

3-66

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
MARYLAND
LENGTH OF STAY (in this place) 1mo-4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester (Rural) 17X-2
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles E. Clendaniel

4. DATE OF DEATH: (Month) (Day) (Year) March 26, 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 9-17, 1868

9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. John W Clendaniel

14. MOTHER'S MAIDEN NAME: Amelia Clough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs Mattie Clendaniel, Chester wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X
IMMEDIATE CAUSE (A) Atelectasis
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prostatic Hypertrophy
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION Enlarged Prostate

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1955, to 3/26, 1955, that I last saw the deceased alive on 3/26, 19..., and that death occurred at 5.20 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 30 March 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF MAR 29 55
NAME OF CEMETERY OR CREMATORY Stevensville Cemetery
LOCATION (City, town, or county) (State) Stevensville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-27-55
REGISTRAR'S SIGNATURE M. A. Meeres

24. FUNERAL DIRECTOR Edgar L. Lane, with
ADDRESS Church Hill, Md.

3067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03055

Items 18 & 19a Film G179 3/18/55 ams

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) B (Last) Dean

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: December 1, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Dean

14. MOTHER'S MAIDEN NAME: Sarah Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Cecil Wheatley Federalsburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pelvic abscess

ANTECEDENT CAUSE (S) ~~DUE TO~~ (B) DUE TO Acute appendicitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

550.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1955, to 3/3, 1955, that I last saw the deceased alive on 3/2, 1955, and that death occurred at 2 A M. from the causes and on the date stated above.

SIGNATURE Edward C. H. Thomas M. D. ADDRESS Conton DATE SIGNED 7 March 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3/5/55

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Federalsburg Md RD

DATE REC'D BY LOCAL REGISTRAR 3/4/55

REGISTRAR'S SIGNATURE M. A. Meeres

24. FUNERAL DIRECTOR Harvey Williams ADDRESS Federalsburg, Md

MARYLAND 3084

03056

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McDaniel, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beaton (Middle) Smith (Last) Dennis

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/17/1880

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Talbot, Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Dennis

14. MOTHER'S MAIDEN NAME: Susie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Larcy Dennis-St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic C V D — —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1955, to 3-24, 1955, that I last saw the deceased alive on 3-24, 1955, and that death occurred at 3 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Marion Reeves M D St Michaels Md 3-25-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3/26/55 | NAME OF CEMETERY OR CREMATORY Old St. Michaels Cemetary | LOCATION (City, town, or county) (State) St. Michaels, Md.

DATE REC'D BY LOCAL REG. Mch 26, 1955 | REGISTRAR'S SIGNATURE Mrs Robt L. Leeth

24. FUNERAL DIRECTOR ADDRESS Norman D. Marshall, St. Michaels, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

3^68

CERTIFICATE OF DEATH

13057 92874

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 19 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) R. D. # 3

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) H. (Last) Elben

4. DATE OF DEATH: (Month) Mar. (Day) 9 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 29, 1891

9. AGE last birthday 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Cannery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clement B. Elben

14. MOTHER'S MAIDEN NAME: Rosie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wm. E. Cody (Bro. in-law) Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Occlusion — Sudden

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — 3 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B-P-H — 2/20/54

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION B-P-H

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1955, to 3/9, 1955, that I last saw the deceased alive on 3/8, 1955, and that death occurred at 7:10 A.M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar 13, 1955 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 3/10/55 — REGISTRAR'S SIGNATURE M. H. Reeves

24. FUNERAL DIRECTOR J. Engelhorn — ADDRESS Denton, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 21 Film G1 3 68-55 ams

3 68

RC @ 10 20 am

03058

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milford 46 X-3
STREET ADDRESS (If rural, give location) 5.E. Front St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William		Frame	March	6	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	April 2 1928	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Frame
14. MOTHER'S MAIDEN NAME: Emma Bell Magee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Raymond Gebert - stepfather — georgetown Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Multiple Lacerations of Brain	10 hrs.
825X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of Cerebral Arteries	-
(c) Multiple Fractures	-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN) Goldsboro	(COUNTY) Caroline	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
3	6	55	11P m.			Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence George	2nd Deputy Medical Examiner		3-9-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/8/55	Millsboro	Millsboro	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-7-55	N.A. Nevins	Homer Dickerson	Laurel, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VS. A15 — 10-53 PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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3070

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03059

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND

40 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton

LENGTH OF STAY (in this place) 2 days

80 HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton RT #1 X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lester (Last) Hungerford

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 6 1904

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Hungerford

14. MOTHER'S MAIDEN NAME: Emmie Pardoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Anna May Hungerford (spouse)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330X IMMEDIATE CAUSE (A) Myocardial Infarction — 6 hrs.

DUE TO

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Subarachnoid hemorrhage — 42 hrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1955 to 3-15, 1955 that I last saw the deceased alive on 3-15, 1955, and that death occurred at 3:50 AM, from the causes and on the date stated above.

SIGNATURE Guy M. Reeser Jr. M.D. ADDRESS St. Michaels, Md. DATE SIGNED 3-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar. 19, 1955

NAME OF CEMETERY OR CREMATORY St. Paul's M.E. Cemetery

LOCATION (City, town, or county) (State) Lusby ~~Calvert~~ Calvert Md

DATE REC'D BY LOCAL REGISTRAR 3/16/55

REGISTRAR'S SIGNATURE N. H. Nevius

24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

3971

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03060

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural give location) 17X-2

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) W. (Last) Jones

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Feb 27 1875
9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Waitress
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Jones
14. MOTHER'S MAIDEN NAME: Susan Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Mrs Edith Collins daughter Queenstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 11 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dampness of legs

19A. DATE OF OPERATION: 2/21/55
19B. MAJOR FINDINGS OF OPERATION Dampness of legs
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1955 to March 14 1955, that I last saw the deceased alive on March 14, 1955, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE Arthur R. Coil M. D.
ADDRESS Earle
DATE SIGNED March 25, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-16-55
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Md

DATE REC'D BY LOCAL REGISTRAR 3-14-55
REGISTRAR'S SIGNATURE M. H. Meares
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill Md

Item 21 Film G179 3-23-55 ams Item 7 FilmG179 4-5-55 et

MARYLAND STATE DEPARTMENT OF HEALTH

03061

CERTIFICATE OF DEATH

3072

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 43½ hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln; STREET ADDRESS (If rural, give location) 46X-3

3. NAME OF DECEASED (Type or Print): (First) Virgil (Middle) (Last) King

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 29 1932

9. AGE last birthday: 22 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ID Shori Lumber Co.

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar King

14. MOTHER'S MAIDEN NAME: Delma Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Oscar King - Lincoln, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull Fracture-Lacerations of Brain — 48 hrs.

825X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured rt Arm & Rt ankle -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg...etc.) OF INJURY Public highway

(CITY OR TOWN) Goldsboro (COUNTY) Caroline (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 5, 1955 m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dawson S. George (Degree or title) M.D. Deputy Medical Examiner ADDRESS DATE SIGNED 3/9/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 3/12/55; NAME OF CEMETERY OR CREMATORY Lincoln; LOCATION (City, town, or county) Lincoln (State) Del.

DATE REC'D BY LOCAL REG. 3/8/55; REGISTRAR'S SIGNATURE: N.H. Morris

24. FUNERAL DIRECTOR William Berry Jr ADDRESS Milford Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03062

3073 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 days 12 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Md. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Maude (Middle) Smith (Last) Knight

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1955

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: March 16 1921
9. AGE last birthday: 33 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Smith
14. MOTHER'S MAIDEN NAME: Lula Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lula Smith (Mother)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

593X
IMMEDIATE CAUSE (A) Same Glomerulonephritis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) ~~DUE TO~~ Pulmonary edema.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1955, to 3/2, 1955, that I last saw the deceased alive on 3/2, 1955, and that death occurred at 4:20 A M, from the causes and on the date stated above.
SIGNATURE Edward C. H. Schmidt M. D. ADDRESS Easton DATE SIGNED 7 March 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar 4, 1955
NAME OF CEMETERY OR CREMATORY Springview
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 3/3/55
REGISTRAR'S SIGNATURE N. H. Nelms
24. FUNERAL DIRECTOR J. V. Moran & Sons ADDRESS Denton, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

3974

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03063

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Renee (Middle) Karen (Last) Miller

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 5-21-51

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Michaels (at home)

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Norman Miller

14. MOTHER'S MAIDEN NAME: Mary E. Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Norman Miller, St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

Immediate cause (a) Laryngo-tracheo bronchitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whitty (Degree or title) MD DME ADDRESS Easton Md DATE SIGNED 3-9-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/12/55 | NAME OF CEMETERY OR CREMATORY New St. Michaels | LOCATION (City, town, or county) St. Micahaels (State) Md.

DATE REC'D BY LOCAL REG. 3/10/55 | REGISTRAR'S SIGNATURE M.D. Nevers

24. FUNERAL DIRECTOR ADDRESS Norman D. Marshall, St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03064

3075 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston 05X-2
STREET ADDRESS (If rural give location) RFD #2 Box 216

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Murphy

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 2/15/1876 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: S.W. Poly | 11. BIRTHPLACE (State or foreign country): Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Charles Van Cleef | 14. MOTHER'S MAIDEN NAME: Ann Canine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT & ADDRESS: Mrs. Myra Hubbard - Preston, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0 IMMEDIATE CAUSE (A) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 3 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1955, to 3/4, 1955, that I last saw the deceased alive on 3/4/55, 19..., and that death occurred at 9 10 A. M, from the causes and on the date stated above.

SIGNATURE Thurston Harrison M. D. | ADDRESS Easton, Maryland | DATE SIGNED 3/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-6-55 | NAME OF CEMETERY OR CREMATORY Union Grove | LOCATION (City, town, or county) (State) Mt. Preston Md

DATE REC'D BY LOCAL REGISTRAR 3-5-55 | REGISTRAR'S SIGNATURE N.H. Merrick | 24. FUNERAL DIRECTOR J.J. Frampton Son | ADDRESS Federalsburg Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03065

3076

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Centreville, Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40 1
STREET ADDRESS (If rural give location) Centreville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Moses (Middle) Wise (Last) Secrist

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 9, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic for self

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Caleb Secrist

14. MOTHER'S MAIDEN NAME: Hanna Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218 - 34 - 9192

17. INFORMANT & ADDRESS: A - Mrs. Roy Cober - Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arterio-sclerotic Heart Disease — years.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10-52, 19..., to 3-7-, 1955, that I last saw the deceased alive on 3-7-, 1955, and that death occurred at 6.55 A M, from the causes and on the date stated above.

SIGNATURE Donald J. Bartley M. D. ADDRESS Easton Md DATE SIGNED 3-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Mar. 9, 1955

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Cordova Talbot Co. Maryland.

DATE REC'D BY LOCAL REGISTRAR 3/8/55

REGISTRAR'S SIGNATURE N. H. Nevitt

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

03066

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3077 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: EASTON
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 South St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 40 S. South St.

3. NAME OF DECEASED: (First) JESSE (Middle) ARTHUR (Last) SHANNAHAN
(Type or Print)

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: Dec 10, 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Manager
10B. KIND OF BUSINESS OR INDUSTRY: Mercantile Business
11. BIRTHPLACE (State or foreign country): Talbot
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Albert H. Shannahan
14. MOTHER'S MAIDEN NAME: Willis Gertrude Godwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-6767
17. INFORMANT & ADDRESS: Virginia Wright Shannahan Easton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X
IMMEDIATE CAUSE (A) BRONCHOGENIC CARCINOMA — 10 MOS.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from JULY, 1954, to MARCH 13, 1955, that I last saw the deceased alive on MARCH 13, 1955, and that death occurred at 1:10 A M, from the causes and on the date stated above.

SIGNATURE Donald S. Bartley M. D. ADDRESS 9 N. HANSON ST. EASTON, MD. DATE SIGNED 3-13-55

26. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF March 15 55 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/15/55 | REGISTRAR'S SIGNATURE N. H. Nevins | 24. FUNERAL DIRECTOR Wallace | ADDRESS Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03067

CERTIFICATE OF DEATH

3278 Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 days 8 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock, R.D. 09X-2
STREET ADDRESS (If rural give location) Hynson

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Hayes (Last) Spry

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1959

5. SEX: M | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: July 7 1879 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jackson
14. MOTHER'S MAIDEN NAME: Annie Spry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT & ADDRESS: Anna Spry Hurlock Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Coronary occlusion
ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Recent supra-pubic prostatectomy

19A. DATE OF OPERATION: 3/11/55
19B. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1955, to 3/13, 1955, that I last saw the deceased alive on 3/13, 1955, and that death occurred at 3:20 P. M. from the causes and on the date stated above.
SIGNATURE AND TITLE OF M. D. [signature] ADDRESS Easton DATE SIGNED 14 March 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-17-1955
NAME OF CEMETERY OR CREMATORY Ideal Cemetery
LOCATION (City, town, or county) (State) near Preston Md

DATE REC'D BY LOCAL REGISTRAR 3-14-55
REGISTRAR'S SIGNATURE M. H. Melvin
24. FUNERAL DIRECTOR J. J. Frampton & Son
ADDRESS Federalsburg, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

9343d
03068

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3379 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Warfield

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 2/28/1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Handy

14. MOTHER'S MAIDEN NAME: Mary E. Gould

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lillian Lockerman, Centreville, Md. (Sister)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH (?)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriolar nephrosclerosis (?)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Adenomatous goiter + hyperthyroidism (?)

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1955, to 3/29, 1955, that I last saw the deceased alive on 3/29, 1955, and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Easton Maryland DATE SIGNED (Apr 5-)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/1/55 — NAME OF CEMETERY OR CREMATORY Gouldtown — LOCATION (City, town, or county) (State) Centreville, R.D. Md

DATE REC'D BY LOCAL REGISTRAR 3/30/55 — REGISTRAR'S SIGNATURE T.N. Nevins — 24. FUNERAL DIRECTOR J B Dashiell — ADDRESS Easton Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03069

3080

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05 x 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) PARIN (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) Mar (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: Apr 5 1911
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: GMC garage
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melvin Wilson
14. MOTHER'S MAIDEN NAME: Nellie Province

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 220-3-7155
17. INFORMANT & ADDRESS: Mrs Mildred Wilson Federalsburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
421.1
IMMEDIATE CAUSE (A) Heart failure
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Calcific aortic stenosis.
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1955, to 3-24, 1955, that I last saw the deceased alive on 3-24, 1955, and that death occurred at 1:45 PM, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Easton DATE SIGNED 30 March 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 3-26-55
NAME OF CEMETERY OR CREMATORY Edenville Va.
LOCATION (City, town, or county) (State) Edenville Va

DATE REC'D BY LOCAL REGISTRAR 3-25-55
REGISTRAR'S SIGNATURE N. A. Neeris
24. FUNERAL DIRECTOR Harvey Williams ADDRESS Federalsburg, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3'81

CERTIFICATE OF DEATH

03070

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05X-2
STREET ADDRESS (If rural give location) R. F. D. Box 193

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Larry (Last) Windsor

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Dec. 31, 1948

9. AGE last birthday 6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mr. William P. Windsor

14. MOTHER'S MAIDEN NAME: Louise Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr William P. Windsor Father Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3

IMMEDIATE CAUSE (A) Encephalomyelitis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Acute Meningitis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19.... , to ..... , 19.... , that I last saw the deceased alive on ..... , 19.... , and that death occurred at 8 3/4 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 14 March 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-16-55

NAME OF CEMETERY OR CREMATORY Hill Crest

LOCATION (City, town, or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 3-15-56

REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR ADDRESS J J Frampton Son Federalsburg Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03071

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3985 **CERTIFICATE OF DEATH** Reg. Dist. No. 29D

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
LENGTH OF STAY in this place: Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) Maggie (Middle) B. (Last) Wright
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Mln.
Female	Col	Married	March 17, 1912	43 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Seafood	Maryland	U.S.A.

13. FATHER'S NAME: Charles Wright
14. MOTHER'S MAIDEN NAME: Emma Blackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	220-01-4115	Clyde Jenkins, Oxford, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
002X IMMEDIATE CAUSE	(A) MCChronic Pul Paradox active	10 years
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Myocardial insufficiency DUE TO	1 year
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/55, to 3/24/55, that I last saw the deceased alive on 3/24/55, and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Frank G Mason M. D. ADDRESS 184 W. Dover St Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/28/55	Odd Fellows Cem.	Oxford, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/55	M. H. Reeves	James B Corkell	Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53